

**UNITED STATES DISTRICT COURT FOR SOUTH DAKOTA
RAPID CITY DIVISION**

Motion and Affidavit To Proceed IFP

FILED

SEP 06 2017

Civil No.

17-5069

[Signature]
CLERK

Affidavit in Support of Motion	Instructions
<p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress.</p> <p>I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p> <p>Signed <i>[Signature]</i> <i>Logan LUNDAN</i></p>	<p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.</p> <p>Date: <i>9/2/2017</i></p>

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <i>0</i>	\$ <i>N/A</i>	\$ <i>0</i>	\$ <i>N/A</i>
Self-employment	\$ <i>0</i>	\$ <i>N/A</i>	\$ <i>0</i>	\$ <i>N/A</i>
Income from real property (such as rental income)	\$ <i>0</i>	\$ <i>N/A</i>	\$ <i>0</i>	\$ <i>N/A</i>
Interest and dividends	\$ <i>0</i>	\$ <i>N/A</i>	\$ <i>0</i>	\$ <i>N/A</i>
Gifts	\$ <i>0</i>	\$ <i>N/A</i>	\$ <i>0</i>	\$ <i>N/A</i>
Alimony	\$ <i>0</i>	\$ <i>N/A</i>	\$ <i>0</i>	\$ <i>N/A</i>

*Disabited from car accident.
Crippld.*

Child support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>300</u>	\$ <u>N/A</u>	\$ <u>300</u>	\$ <u>N/A</u>
Disability (such as social security insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>120</u>	\$ <u>N/A</u>	\$ <u>120</u>	\$ <u>N/A</u>
Other (specify): <u>food stamp 150</u>	\$ <u>150</u>	\$ <u>N/A</u>	\$ <u>150</u>	\$ <u>N/A</u>
Total monthly income:	\$ <u>420</u> <u>570</u>	\$ <u>N/A</u>	\$ <u>420</u> <u>570</u>	\$ <u>N/A</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
<u>haven't worked since 2010</u>			
<u>when I was in a car accident.</u>			

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
<u>N/A</u>			

4. How much cash do you and your spouse have? \$ 40

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
<u>Dad cash checks</u>		\$ <u>0</u>	\$ <u>0</u>
<u>@ walmart</u>		\$ <u>0</u>	\$ <u>0</u>
		\$ <u>0</u>	\$ <u>0</u>

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other real estate (Value)	Motor vehicle #1 (Value)
229 N. Pine St. Garden, NE 68343	φ	Make & year: none
		Model: Have to
		Registration #: be driven
Motor vehicle #2 (Value)	Other assets (Value)	Other assets (Value)
Make & year:		dropped from car
Model:		accident
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse
I am claiming from a defendant in this action for \$350,000	this action \$ damages \$350,000	not married

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
no one		

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ 175.00	N/A
Are real-estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 120.00/mo pd by heap	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0	\$ N/A
Food	\$ 150 food stamp	\$ N/A
Clothing	\$ 0	\$ N/A

Laundry and dry-cleaning	\$ <u>10</u>	\$ <u>N/A</u>
Medical and dental expenses	\$ <u>25</u>	\$ <u></u>
Transportation (not including motor vehicle payments)	\$ <u>pd on</u>	\$ <u></u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>travel</u>	\$ <u></u>
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>0</u>	\$ <u></u>
Homeowner's or renter's	\$ <u></u>	\$ <u></u>
Life	\$ <u>0</u>	\$ <u></u>
Health	\$ <u>0</u>	\$ <u></u>
Motor Vehicle	\$ <u>410</u>	\$ <u></u>
Other: _____	\$ <u></u>	\$ <u></u>
Taxes (not deducted from wages or included in Mortgage payments) (specify): _____	\$ <u>0</u>	\$ <u></u>
Installment payments	\$ <u>0</u>	\$ <u></u>
Motor Vehicle	\$ <u>0</u>	\$ <u></u>
Credit card (name): _____	\$ <u>0</u>	\$ <u></u>
Department Store (name): _____	\$ <u>0</u>	\$ <u></u>
Other: _____	\$ <u>0</u>	\$ <u></u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u></u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u></u>
Other (specify): _____	\$ <u>0</u>	\$ <u></u>
Total monthly expenses:	\$ <u>525-</u>	\$ <u></u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No

If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No

If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I was crippled from car accident
in 2010. I have not earned an
income since then. I didn't get
money from the accident.
It was a hit and run.

13. State the address of your legal residence.

229 N. Pearl St.
Gordon, NE 68343

Your daytime phone number: 402 302-1766

Your age: 51

Your years of schooling: 12 years